	PATEN	Application or Docket Number O O O O O O O O O										
	CLAIMS AS FILED - PART I							115	ENTITY			
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•				1+			R/	TE	FEE		RATE	FEE
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* If the difference in column 1 is less than zero, enter "0" in column 2						+14	5=		OR	+290=		
•						COIDMIN 2	TO	ΓAL		OR	TOTAL	770
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	\LL	ENTITY	OR		R THAN ENTITY
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=	
if	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
	"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20." ADDIT. FEE										TOTAL DIT. FEE	
T	he *Highest Num	ber Previously Paid	For (Total or	Independent)	is the h	ighest number to	ound in the a	pprop	priate box i	in colum	n 1.	
_	YO 877 10						<u> </u>		•			1